

## El Cajon Business Grant Application

Business Name		
Business Street Address		
City	State	Zip
Phone	Cell	Email
Fax	Tax ID/SSN	
El Cajon Business License Number	Expiration Date	Date Business Established
Is your business a franchise of a corporation or an affiliate of a national chain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name	Owner Home Address	
Owner Home Phone	Owner Cell Phone	

### Shared Ownership / Affiliate Businesses (Attach additional sheet if necessary)

	Full Legal Name	Title	Ownership Interest	%
1.				
2.				

Do you own multiple businesses? ☐ Yes ☐ No (If yes, provide company name(s), address, description, and your relationship to the business.)

Is the business located within El Cajon? ☐ Yes ☐ No Home business? ☐ Yes ☐ No Non-profit? ☐ Yes ☐ No (Option C only)

# of Employees on 1/1/2020: \_\_\_\_\_ Current # of Employees, if any? \_\_\_\_\_

Does your business have any current zoning, building or code violations? ☐ Yes ☐ No

### Select Program Option(s) Below. (A and B may be combined for a maximum award of \$15,000)

<input type="checkbox"/> <b>Option A - Employee Hiring Program</b> Select the amount you are seeking <input type="checkbox"/> \$5,000 (1 employee hired) <input type="checkbox"/> \$10,000 (2 employee hired) <input type="checkbox"/> \$15,000 (3 employee hired)	<input type="checkbox"/> <b>Option B - Capital Improvement Program</b> This option will <b>REIMBURSE</b> up to \$15,000 for capital investments and enhancements to businesses. Complete page 3 of the application and put the total reimbursement request in the box below. Enter total estimated reimbursement request (from bottom of page 3): \$ _____
Next: Complete Page 2 for Option A	

### Option C - Home-based Capital Improvement Program (Maximum \$ 5,000)

This option will **REIMBURSE** up to \$5,000 for capital investments and enhancements to home businesses. Complete page 3 of the application and put the total reimbursement request in the box to the right.

Enter the total estimated reimbursement request (from the bottom of page 3):  
\$ \_\_\_\_\_

### Please provide the following (ALL items must be included for application to be considered):

- 1.) Copy of Business Owner's Driver license or residency ID Attached? ☐ Yes ☐ No
- 2.) Copy of business license issued by the City of El Cajon Attached? ☐ Yes ☐ No
- 3.) W-9 IRS Form Attached? ☐ Yes ☐ No <https://w9form-online.com>
- 4.) State of CA EDD Form DE-34 for each employee (Option A) Attached? ☐ Yes ☐ No ☐ n/a [https://edd.ca.gov/pdf\\_pub\\_ctr/de34.pdf](https://edd.ca.gov/pdf_pub_ctr/de34.pdf)
- 5.) DE-34 confirmation from State for each employee (Option A) Attached? ☐ Yes ☐ No ☐ n/a
- 6.) Detailed Scope of Work / Pre-Approval on pg 3 (Option B & C) Attached? ☐ Yes ☐ No ☐ n/a
- 7.) Screenshot of non-profit status (non-profits only) Attached? ☐ Yes ☐ No ☐ n/a <https://apps.irs.gov/app/eos/allSearch>

### Declarations & Signature

I have attached all applicable documents requested in the preceding section (Items #1-7).

I understand that the maximum total award is \$15,000 for A & B and \$5,000 for C.

I understand that as a condition of Option A, the City of El Cajon will conduct audits periodically to verify new employee status.

☐ I understand that the maximum reimbursement for Option B is \$15,000 and any expense above this amount is the responsibility of the business owner.

I authorize the City of El Cajon to release information as is required to ensure compliance and for auditing purposes.

I declare that the information provided in this application is true and correct.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ By checking this box and typing my name above, I am electronically signing my application.

Submit the completed application, with attachments, to [BusinessGrant@elcajon.gov](mailto:BusinessGrant@elcajon.gov)

Only ONE application may be submitted per business

## El Cajon Business Grant Application - Page 2

**\*\*Only complete Page 2 for Option A\*\***

*The California Employment Development Department (EDD) requires that all California employers report all new employees to the New Employee Registry, using Form DE-34, within 20 days of the start-of work date, which is the first day of work.*

[Link to California EDD Page](#)

[Link to Form DE-34](#)

**Instructions:** Complete this form for each employee hired after 3/1/21. If employers hire employees separately, this form may be submitted again at a future date with the new employee's information. (Example: An employer hires 1 employee on June 1 and applies for, and receives, \$5,000. The business then hires another employee on July 1. The business may submit Page 2 of this application with the new employee's information to apply for an additional \$5,000\*.)

*\*Subject to available funds*

### Employee #1 Contact Information

Business Name:		
Employee Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation Number:		

### Employee #2 Contact Information

Business Name:		
Employee Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation Number:		

### Employee #3 Contact Information

Business Name:		
Employee Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation Number:		

El Cajon Business Grant Application - Page 3 (Option B or C)

## SCOPE OF WORK / PRE-APPROVAL

**Instructions:** Use this worksheet to describe—in detail—the purchases and/or enhancements you plan for your business using this **reimbursement** grant (max \$15,000 for A/B or \$5,000 for C). Once submitted, the City will review the details of each item and approve those which will be reimbursed. Please be advised that some projects require permits from the City, these costs will be reimbursed as part of the grant (not to exceed the grant maximum). Exterior/facade improvements, vehicle enhancements, and similar investments require plan details. Supporting documents should provide all cost details.

Applications will be processed in the order they are received.

A response from the City will detail what has been approved, any comments, as well as any special instructions (i.e. permit requirements). Once you receive a response, you will be guaranteed for reimbursement on what has been approved by the City.

**Reimbursement Process:** Submit all receipts and supporting documentation once work has been completed and/or all items have been purchased. Supporting documentation includes all applicable receipts, copies of plans, permit documentation, vehicle information, photos of project completion/installed items, etc. All documentation must be submitted in one single email.

**Only one (1) payment will be issued for reimbursement.**

Reimbursement will be issued promptly once all supporting documents have been confirmed.

### **Capital Improvement(s) Descriptions** (Attach additional sheet if needed)

<b>Business Name:</b>		<b>Business Owner:</b>	
1.)			
Estimated total for description 1: \$			
2.)			
Estimated total for description 2: \$			
3.)			
Estimated total for description 3: \$			
<b>TOTAL ESTIMATED REQUEST FOR GRANT OPTION B: \$</b>			
<b>For Office Use Only</b>			
Reviewer:		Approved? 1.) _Yes_ No 2.) _Yes_ No 3.) _Yes_ No	
		Permit Required? _Yes_ No	If yes, detail in response email
Signature:		Date:	